## STA-ILA SENIORITY BOARD \*\*EMPLOYMENT APPLICATION FORM\*\*

| Name           |              |   |                               | Port #     |              |             | Phone      | #          |                   |         |
|----------------|--------------|---|-------------------------------|------------|--------------|-------------|------------|------------|-------------------|---------|
|                | First        | M.I.  | Last                          |            |              |             |            |            |                   |         |
| Addres         | Number       | Street  | Apt.# <                       | ,          | City         | ği          | S          | tate Zip   | Code              |         |
| Saniari        | ity Classifi | cation:   | 1.1 10112                     |            | Email:       |             |            |            |                   |         |
| Semon          | ity Classiii | cation  | 7                             |            | Cilian.      |             |            |            | · ·               | 7       |
| Job Va         | cancy app    | lied for: E   | mployer: L                    |            |              | Ga          | ng: L      |            |                   | J,      |
| Positio        | n applied    | for:  |                               |            |              |             |            |            |                   |         |
| Gearn          | nan: 「 Lo    | ongshorem   | nan:                          | actor Dr   | iver: ୮ ˈ    | Topman:     | ┌ Mecl     | hanic: ┌   | Foreman           | Γ       |
|                |              |   |                               |            |              |             |            |            |                   |         |
| Other          | : (specify)  |   |                               |            |              |             |            |            | _                 |         |
| Refere         | nces: Oth    | er nort em  | inlovers fo                   | or whor    | n vou ha     | ve perfo    | rmed wa    | ork like i | this iob vac      | ancv    |
| <u>IXCICIO</u> |              | nces: Other port employers for whom you have performed work like this job v<br>Company Pier |                               |            |              |             |            |            |                   |         |
| A. [           |              |   | <del>-</del>                  |            | ] [          |             |            |            |                   |         |
| Α. [           |              |   |                               |            |              |             |            |            |                   | =       |
| В. ∟           |              |   |                               |            |              |             |            |            |                   | =       |
| Water          | front expe   | rience:   |                               | Numb       | er of yea    | rs worke    | d on the v | waterfro   | nt:               |         |
| Give de        | tails of wat | terfront exp  | erience                       |            |              |             |            |            |                   |         |
| Give de        | ctalls of wa | terriorit exp   | criciice, <u>L</u>            |            |              |             |            |            |                   |         |
| FAILUR         | E TO ANSV    | VER THE FO  | LLOWING                       | TWO QL     | JESTIONS     | AUTOM       | ATICALLY   | VOIDS T    | THIS APPLICA      | ATION   |
| •              |              | esently on a  |                               |            |              |             |            |            |                   |         |
|                | , .          | ,   | •                             | 7          |              | 5           |            |            |                   |         |
| 2. 1           | f 'yes', nan | ne of compa   | any and gar                   | ng. L      |              |             |            |            |                   |         |
| Lunder         | ctand that   | l must vaca   | te my curre                   | ent ioh if | f Lam suc    | ressful in  | getting t  | he iob ar  | oplied for on     | this    |
| form.          | staria triat | i illast vaca   | ic my carre                   | 100        | i i aiii sac | cessiai iii | Section 6  | ine job ur | , p. 10 a . 0 . 0 |         |
|                |              |   | •                             |            |              |             | •          | -          | automaticall      |         |
|                |              | ir previous   | job. If he/s                  | she ther   | refuses t    | he job af   | ter worki  | ng one d   | ay, he/she w      | vill be |
| designa        | ted a 00."   |   |                               |            |              |             | î          |            |                   |         |
|                |              |   |                               |            |              |             | L          |            |                   |         |
| Signatu        |              | icant (Applica  |                               |            |              |             |            |            | Date              |         |
|                |              | PPLICATION  |                               |            |              |             |            |            |                   |         |
|                | at 8         | 615 Ridgely or Emailed  |                               |            |              |             |            |            |                   |         |
|                |              |   | to <u>System</u><br>ATFR THAN |            |              |             |            |            |                   |         |